



Keystone Insurance Company
P.O. Box 5483, Mt. Laurel, NJ 08054
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**APPLICATION FOR INSURER'S CONSENT OF ASSIGNMENT
OF PERSONAL INJURY PROTECTION MEDICAL EXPENSE BENEFIT PAYMENTS**

We, the undersigned Personal Injury Protection Medical Benefits injured person () and physician/medical provider (), hereby request the Insurer's prior consent for the assignment of the Injured Person's Personal Injury Protection Medical Benefits reimbursement payments (PIP Benefits) from the Injured Person to the Provider.

Acknowledgments: We acknowledge that any assignment requires the prior consent of the Insurer pursuant to the terms of the private passenger automobile insurance policy under which PIP Benefits are claimed.

We acknowledge that this application in no way exercises or attempts to exercise any direction or control of the treatment of the Injured Person by the Provider and solely governs the assignment of PIP Benefits under the policy. The Provider and the Injured Person retain all rights and authority they have prior to assignment with respect to determining the treatment the Provider should render the Injured Person.

We acknowledge that the assignment of PIP Benefits does not constitute a waiver of the Insurer's right to contest the medical necessity of any treatment provided.

Conditions: We agree to follow either Decision Point Review, pre-certification plan or voluntary treatment plan or any combination of these that may apply. We agree to inform the Insurer of any proposed amendment to any voluntary treatment plan prior to rendering any further treatment pursuant to the amended treatment plan. We agree to resolve any disputes relating to any of these pursuant to the dispute resolution provisions of the Insurer's pre-certification plan.

Injured Person agrees to provide, upon request by the Insurer, proof of payment of co-payments and deductibles provided in the policy. Provider agrees to provide, upon request by the Insurer, adequate proof that no co-payments or deductibles have been waived or discharged.

Provider agrees to assume along with the rights of the Injured Person under the assignment of PIP Benefits, the Injured Person's obligation of good faith and fair dealing toward the Insurer.

PROVIDER SIGNATURE:

PROVIDER ADDRESS: Non Surgical Orthopedics of New Jersey, PC

400 Route 34, Suite A, Matawan, NJ 07747

INJURED PERSON'S SIGNATURE:

INJURED PERSON'S ADDRESS:

CLAIM NUMBER: .

DATE:

For your protection. New Jersey law requires the following to appear on this form: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.